

**STATE OF KANSAS
OFFICE OF THE ATTORNEY GENERAL
Through the KANSAS BUREAU OF INVESTIGATION**

INSTRUCTIONS

The initial agency application must be completed in its entirety. An incomplete application will result in processing delays. The Kansas Bureau of Investigation may take up to **90 days** to process an application.

The initial agency application must be accompanied by:

- Two (2) applicant (blue) fingerprint cards for all owners, partners, officers, directors, associates with the agency. Prints must be clear and fully rolled. **The Waiver Agreement and Statement (both pages) must be accompanied by your fingerprint cards.**
- \$250.00 Application Fee. **The application fee is non-refundable.** A personal check, money order, cashiers check make payable to the Kansas Bureau of Investigation. We are able to offer the opportunity to charge any/all private detective licensing fees on your Visa or Master Card credit card. To charge your licensing fees, please complete the credit card form in this packet.
- Verification of a corporate surety bond in the amount of \$100,000 or more OR a certificate of insurance showing general liability insurance providing coverage in the amount of \$100,000 or more for bodily injury or property damage caused by negligence and errors or omissions; OR verification of \$100,000 or cash deposit with the state treasurer.

Mail completed application(s) and other required items to:

Private Detective Licensing
Kansas Bureau of Investigation
1620 SW Tyler
Topeka, Kansas 66612-1837

General Information:

Types of private detective license:

- **Employee** of a licensed private detective agency.
- **Independent** private detective, i.e., not employed by a licensed detective agency.
- **The owner, an officer, director, partner or associate** of a licensed private detective agency who intend to engage in private detective work as well as and operate the business of a private detective agency.
- **Private detective agency** regularly employs other person(s) to engage in detective business.

Application fee(s). The application fee(s) is non-refundable. Subtract \$15.00 from your application fee(s) if you paid for the application packet.

- Employee of private detective agency - \$250 for two-year license from date of issuance.
- Independent private detective - \$250 for two-year license from date of issuance.
- Owner, officer director, partner or associate of private detective agency who intends to engage in detective business - \$100 for two-year license from date of issuance.
- Private detective agency - \$250 for two-year license from date of issuance.
- Also available - Private detective firearm permit - fee \$50.00,
- Private detective firearm permit badge with case - fee \$96.00 (must have a firearm permit to purchase). Upon expiration, suspension, or revocation of firearm permit, badge must be returned to the Kansas Bureau of Investigation private detective licensing unit.

Please Note:

We now have the ability to charge any/all private detective licensing fees on your Visa or Master Card credit cards. To charge any/all private detective licensing fees, please complete the enclosed credit card form. Submit the credit card form with your application and other related material. You are welcome to use a money order, cashiers check or personal check made payable to the Kansas Bureau of Investigation.

TDSR Services (SRS) for child support enforcement purposes.

In completing this application, please bear in mind that Any false information submitted on this application or any accompanying documents, or falsification of the fingerprints or photographs, constitutes grounds for denial of the application, and may subject you to criminal prosecution. The truthfulness and correctness of all information offered in this application must be verified by signing the application before a Notary Public.

Any individual with a disability may request that the Office of the Attorney General/Kansas Bureau of Investigation provide accommodations in order to complete the testing procedure.

Please direct any questions or request for accommodation to Antonia M. Tabor, Program Manager, Private Detective Licensing, Kansas Bureau of Investigation, (785) 296-4436 or send an e-mail to

Toni.Tabor@kbi.state.ks.us.

Upon approval of this application, the license will be mailed to you. The license will be valid two years from the date of issuance. It will be renewable every two years.

Look for the following statutes and regulations pertaining to the Private Detective Licensing Act on the Kansas Bureau of Investigation's web site at <http://www.accesskansas.org/kbi/kbipi.shtml>

- Private Detective Licensing Act Kansas Statutes Annotated (K.S.A. 75-7b01 through 75-7b23)
- Kansas Administrative Regulations, Agency 16 Attorney General (K.A.R 16-1 through 16-6)
- Criminal use of weapons statute, (K.S.A 21-4201). See especially subsections (c) (3).

**FEE SCHEDULE PRIVATE DETECTIVE
LICENSING, RENEWALS & other items**

Independent (self-employed)

License fee - \$250.00 (2yrs from date of issuance)
Renewal fee \$175.00 (2yrs)
Requires \$100,000.00 bond **or** certificate of insurance

Agency (employs others)

License fee - \$250.00 (2yrs from date of issuance)
Renewal fee \$175.00 (2yrs)
Requires \$100,000.00 bond **or** certificate of insurance

Individual employee (works under the agency license)

License fee - \$250.00(2yrs from date of issuance)
Renewal fee \$175.00 (2yrs)
(Insurance covered by agency bond or insurance)

Officer, director, partner, or associate (of the agency engaged in detective business)

License fee - \$100.00 (2yrs from date of issuance)
Renewal fee \$100.00 (2yrs)
(Covered by agency bond or insurance)

Firearms permit (any licensed private investigator can apply for a firearms permit)

Permit fee - \$50.00
Renewal fee \$50.00 (2yrs)

Firearms trainer

Fee - \$100.00
Renewal fee \$100.00 (2yrs)

Other items:

Badge (and case) - \$96.00 (can only be requested if you have applied for a firearm permit)
Duplicate license - \$5.00 (can only be requested if your license has been lost or stolen)
Information/application packet - \$15.00 (deducted from cost of application)
Current list of private detectives & agencies in Kansas - \$.24 per page

Date of Request

_____ - _____ - 2 0 _____

Name on Credit Card

Mailing Address for Credit Card

Street: _____

City: _____

State: _____

Zip
code: _____

Expiration Date

_____ - _____

Visa/MC 16 digit card number

_____ - _____ - _____ - _____ - - - - - _____ - - - - -

Phone Number:

_____ - _____ - _____

Other Information Number:

What is to be billed on the credit card

Check all that apply

- | | | | |
|--------------------------|---|----------------|-------|
| <input type="checkbox"/> | - | PI Packet | _____ |
| <input type="checkbox"/> | - | Application | _____ |
| <input type="checkbox"/> | - | Firearm Permit | _____ |
| <input type="checkbox"/> | - | Badge/Case | _____ |
| <input type="checkbox"/> | - | Renewal | _____ |
| <input type="checkbox"/> | - | Misc - explain | _____ |

Amount to be billed on your credit card

(sample - \$250.00)

\$ _____ . _____

MANDATORY 3 digit auth. code on back of card

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Private Detective Agency Application

A private detective agency license is required if you or your business entity intends to employ any person(s) to engage in detective business.

1. Agency name: _____
Business form of agency: ☐ Corporation ☐ Partnership ☐ Association ☐ Sole Proprietorship

2. Person submitting application on behalf of agency: _____

3. Street address of agency: _____
(Street Number)

(City, State & Zip Code)

4. Business mailing address: _____
(if different than #3)

5. Telephone number: _____ Fax number: _____

E-mail address: _____

6. Provide a statement of the general nature of the private detective business in which the agency intends to engage: _____

7. List **each** person who is an owner, associate, partner, officer or director. **Two (2) applicant fingerprint cards are required for each person listed** whether that person intends to personally engage in private detective business or not.

➤ Name _____ Position _____

Res. address _____
(Number & Street) (City) (State) (Zip)

Date of birth: _____ SSN# _____ DL # _____ ☐ Yes ☐ No
Will engage in
detective business

➤ Name _____ Position _____

Res. address _____
(Number & Street) (City) (State) (Zip)

Date of birth: _____ SSN# _____ DL # _____ ☐ Yes ☐ No
Will engage in
detective business

➤ Name _____ Position _____

Res. address _____
(Number & Street) (City) (State) (Zip)

Date of birth: _____ SSN# _____ DL # _____ Will engage in
 detective business ☐ Yes ☐ No

➤ Name _____ Position _____

Res. address _____
(Number & Street) (City) (State) (Zip)

Date of birth: _____ SSN# _____ DL # _____ Will Engage in
 detective business ☐ Yes ☐ No

➤ Name _____ Position _____

Res. address _____
(Number & Street) (City) (State) (Zip)

Date of birth: _____ SSN# _____ DL # _____ Will Engage in
 detective business ☐ Yes ☐ No

Use additional pages, if needed, to list **all** associates, partners, officers or directors.

(Providing your SSN is voluntary, but it is requested pursuant to K.S.A.74-139 and 74-148 and may be provided to the Kansas Director of Taxation for tax purposes and/or the Department of Social and Rehabilitation Services for child support purposes.)

Please answer the following questions. If the answer is “yes” to any of the following questions, please provide a separate page with a full explanation.

8. In the past, to your knowledge, has any officer, partner, associate or director of the agency:
- (a) been arrested for **any** crime other than minor traffic violations in this state or any other state? ☐ Yes ☐ No
 - (b) been indicted or convicted of a felony in this state or any other state? ☐ Yes ☐ No
 - (c) been convicted of a misdemeanor in this state or any other state? ☐ Yes ☐ No
 - (d) been the subject of a complaint to any department, bureau, board, prosecuting officer, criminal court, or any other governmental or regulatory body or officer in this state or any other state? ☐ Yes ☐ No
 - (e) had any license as a private detective denied, suspended, revoked, or subjected to other disciplinary action in this state or any other state? ☐ Yes ☐ No
 - (f) become a law enforcement officer or been granted a special commission from any law enforcement? ☐ Yes ☐ No
 - (g) been found incompetent, incapacitated or impaired by reason of mental condition, deficiency or disease? ☐ Yes ☐ No

(h) become addicted to, dependent on or abusive of alcohol or any controlled substance, narcotic or drugs?

☐ Yes ☐ No

(i) received inpatient or outpatient treatment for alcohol, any controlled substance, narcotic or drug addiction, dependence or abuse?

☐ Yes ☐ No

Important: Any associate, partner, officer or director of the agency who intends to personally engage in detective business must complete a private detective license application (excluding question #2). Make extra copies of the private detective license application form if necessary.

APPLICANT'S AFFIDAVIT

(Must be signed before a Notary Public)

I, _____, am authorized by the _____, Private Detective Agency, to sign the agency application. I have read and examined the statements, made in the above application and the information contained herein is true and correct to the best of my knowledge and belief. I understand that private detective agencies can only employ licensed private detectives to engage in investigative activities, such as surveillance, interviews and background investigations.

Applicant's Signature and position in agency

Date

Subscribed and sworn to before me this _____ day of _____, _____

Notary's Signature

My commission expires: _____

WAIVER AGREEMENT AND STATEMENT
Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) _____ to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, if any, received on me, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

I have ____ **OR** have not ____ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 3805.

Signature

Date

Printed Name

Date of Birth

Residential Address

City

State

Zip

WAIVER AGREEMENT AND STATEMENT (Cont.)
Fingerprint-Based Record Checks for Noncriminal Justice Purposes

**RIGHT TO OBTAIN AND CHALLENGE ACCURACY
OF CRIMINAL HISTORY RECORDS**

To obtain a copy of your Kansas criminal history record information (CHRI) to review for accuracy and completeness, you must send a set of your fingerprints, a letter requesting your record and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website:

<http://www.kansas.gov/kbi/criminalhistory>. Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation
Attn: Criminal History Records
1620 SW Tyler
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your federal CHRI for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: http://www.fbi.gov/about-us/cjis/background-checks/background_checks. Or, you may write to:

FBI CJIS Division – Record Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

TO BE COMPLETED BY THE FINGERPRINTING AGENCY:

Method of Verifying Identity: ☐ Driver's License ☐ State Issued ID Card
☐ Military ID Card

State/Branch: _____ ID Number: _____

Agency Name: _____

Address: _____

Telephone: _____ Fax: _____

Name of Individual Verifying Identity: _____

ORIGINAL – MUST BE RETAINED BY AUTHORIZED RECIPIENT
COPY – PROVIDED TO SUBJECT OF CRIMINAL HISTORY RECORD CHECK